

## SECTION 1: ELIGIBILITY AND VETERANS/DEPENDENT INFORMATION

VETERAN		CO-BORROWER	
Borrower Name:		Co-Borrower:	
SSN:	Date of Birth:	SSN:	Date of Birth:
Home Phone Number and Area Code:		Home Phone Number and Area Code:	
Cell or Work Phone Number with Area Code:		Cell or Work Phone Number with Area Code:	
Primary Mailing Address:		Primary Mailing Address:	
County of Residence:			
Email Address:		Email Address:	

**Mark Your Eligibility (Check All That Apply)**

<input type="checkbox"/> Honorably discharged (including general under honorable condition) Veteran living in an owner occupied home in MI or lived in a home in MI lost to foreclosure since 2006 and still resides in Michigan.	<input type="checkbox"/> Surviving spouse of a Michigan service member killed in service since 2006 living in an owner occupied home in Michigan or lived in a home in MI lost to foreclosure since 2006 and still resides in Michigan.
<input type="checkbox"/> Any active duty or reserve status service member who lost a home due to foreclosure in Michigan since 2006 and still resides within the state of Michigan.	<input type="checkbox"/> Michigan Air and Army National Guard active and reserve members.
<input type="checkbox"/> Active duty service member (with an owner/dependent occupied home in MI).	<input type="checkbox"/> Active Reserve member (with an owner/dependent occupied home in MI).

SECTION 2: HARDSHIP AFFIDAVIT
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I (we) am/are requesting review under the Michigan Veterans Homeowners Assistance Program.  
I am having difficulty making my monthly mortgage payment or facing financial difficulties created by: (Check all that apply):

<input type="checkbox"/> My household income has been reduced. For example: Reduced pay or hours, decline in business or self-employed earnings, death, disability, or divorce of a co-borrower.	<input type="checkbox"/> My monthly expenses have increased. For example: Monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.
<input type="checkbox"/> I am unemployed and I am receiving/will receive unemployment benefits or my unemployment benefits ended less than six months ago.	<input type="checkbox"/> My cash reserves, including all liquid assets are insufficient to maintain my current mortgage payment and cover basic living expenses at this time.
<input type="checkbox"/> Home needs repairs to sustain value, resolve a safety or health related issue, or retain property owner insurance.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> Value of home is less than outstanding mortgage due.	<input type="checkbox"/> Extenuating circumstances please explain below.

(Type or Print)

### SECTION 3: PRINCIPAL RESIDENCE INFORMATION

**I am requesting assistance with my principal residence only.** ☐ Yes ☐ No

Do you own a home in Michigan now? ☐ Yes ☐ No      Is the mortgage on your principal residence in default? ☐ Yes ☐ No

Did you lose a home in Michigan since 2006 to foreclosure? ☐ Yes ☐ No      Is your principal home in foreclosure due to property taxes? ☐ Yes ☐ No

How many single family homes other than your principal residence do you and/or any co-borrower (s) own individually, jointly, or with others?

Loan ID Number: \_\_\_\_\_ Current Property Address: \_\_\_\_\_

Lien Holder: \_\_\_\_\_

Other mortgages or liens on the property? ☐ Yes ☐ No      Lien Holder: \_\_\_\_\_      Loan ID Number: \_\_\_\_\_

Do you have condo or HOA fees? ☐ Yes ☐ No      If "Yes", monthly fee: \_\_\_\_\_      Are fees current? ☐ Yes ☐ No

Name and address to which fees are paid to: \_\_\_\_\_

Does your mortgage payment include taxes and insurance? ☐ Yes ☐ No      If "No", are taxes and insurance current? ☐ Yes ☐ No

Homeowners insurance name and address: \_\_\_\_\_

### SECTION 4: OTHER PROPERTIES

Property Address: \_\_\_\_\_

Servicer Name: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_ Current Value: \_\_\_\_\_

Property is: ☐ Vacant ☐ Second or Seasonal Home      Monthly Mortgage Payment: \_\_\_\_\_ ☐ Rented → Monthly Rent: \_\_\_\_\_

### SECTION 5: COMBINED INCOME, EXPENSE AND ASSETS OF BORROWER/CO-BORROWER

MONTHLY HOUSEHOLD INCOME		MONTHLY HOUSEHOLD EXPENSES (PRINCIPAL RESIDENCE EXPENSE ONLY)		HOUSEHOLD ASSETS/ LOAN OR BILLS	
Monthly Net Wages		First Mortgage Principal & Interest Payment		Checking Account(s)	
Self-Employment Income		Second Mortgage Principal & Interest Payment		Savings/ Money Market	
VA Compensation		All Utilities		Stocks/ Bonds	
Unemployment Income		HOA/Condo Fees		401k/ IRA	
Social Security/SSD		Credit Cards/ Installment Debt (Total Minimum Payment)		Value of Real Estate (Except Principal Residence)	
Cash Assistance/ Food Stamps		Child Support/Alimony		Mortgage Total Debt	
Retirement Income		Car Payments & Number of Vehicles		Medical Bills Total Debt	
VA Pension		Mortgage Payments- Other Properties		Personal Loan Total Debt	
Military Pension		All Other Principal Household Expenses (Total)		Credit Card Total Debt	
Child Support/ Alimony		Monthly Medical Costs		Car Loans Total Debt	
Other:		Other:		<b>Total Assets</b>	
<b>Total (Gross Income)</b>		<b>Total Expense/Debt</b>		<b>Total Debts</b>	

**SECTION 6: BORROWER AND CO BORROWER ACKNOWLEDGEMENT AND AGREEMENT**

1. I understand and acknowledge that the DMVA/MVTF, and/or the owner or guarantor of my mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate Federal, State and other applicable law.
2. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under MiVHAP, DMVA/MVTF may terminate my participation in MiVHAP, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available in law and in equity, such as recouping any benefits or incentives previously received.
3. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
4. I certify that I am willing to provide all requested documents and to respond to all DMVA/MVTF communications in a timely manner, understanding that time is of the essence.
5. I understand that DMVA/MVTF will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the DMVA/MVTF is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. I consent to being contacted concerning this request for mortgage assistance at any e-mail addresses or cellular or mobile phone number(s) I have provided to DMVA/MVTF. This includes text messages and telephone calls to my cellular or mobile phone.
7. I understand that if a favorable decision is not rendered from this application there is no review recourse and that this decision for assistance from these funds is final.
8. I certify that the above information is true and factual to the best of my knowledge, and I authorize DMVA/MVTF to receive and transmit any information that may be necessary to document my request for financial assistance.

Veteran Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dependent/Surviving Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION TO BE COMPLETED BY INTERVIEWER/AUTHORIZED REVIEWERS**

Date of Interview: \_\_\_\_\_ Interviewers Name/Signature: \_\_\_\_\_

Disposition by Authorized Reviewer: \_\_\_\_\_ / \_\_\_\_\_

Date of Decision: \_\_\_\_\_ Grant Amount Approved: \$ \_\_\_\_\_

Type of Grant: \_\_\_\_\_

Vendor Payment Information: Account/ Loan Number: \_\_\_\_\_

Address for Payment: \_\_\_\_\_

Additional Authorization (If Required): \_\_\_\_\_

Additional Information or Comments: \_\_\_\_\_

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